

Mereside Primary School

Intimate Care Policy 2026/27

To Promote Personal Development in Relation to Continence,
Toileting and Intimate Care

With Acknowledgements to Derby City Council and Leicester City Council for use of and adaptation of their policy.

Blackpool Safeguarding Children's Board endorses this policy which promotes the welfare of children and young people by ensuring their individual toileting needs are appropriately catered for in all nursery and education settings.

We are pleased to note that this policy promotes inclusion and offers clarity to nurseries and schools about their roles and responsibilities in this area.

Dennis Charlton
Independent Chair
Blackpool Safeguarding Children Board

Date policy reviewed: June 2026

Next Review: June 2027

On entry to school children may:

- be fully toilet trained across all settings
- have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning the Foundation Stage
- be fully toilet trained at home but prone to accidents in new settings
- be on the point of being toilet trained but require reminders and encouragement
- not be toilet trained at all but likely to respond quickly to a well structured toilet training programme
- be fully toilet trained but have serious disabilities or learning difficulties
- have delayed onset of full toilet training in line with other developmental delays but will probably master these skills during the Foundation Stage
- have SEN and/or a disability/medical condition that make it unlikely that they will be toilet trained

Definition of 'Intimate Care'

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam).

Purpose of Policy

It is the purpose of this policy is to ensure full inclusion of children in our setting to meet the requirements of the Early Years Foundation Stage and National Curriculum whilst adhering to The Disability Discrimination Act/Equalities Act 2010 and related SEND legislation

Introduction

Mereside Primary Academy is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of child protection issues. Staff will work in partnership with parents/carers to provide continuity of care.

Health and Safety

Follow procedures in dealing with spillages of bodily fluids such as the process to be followed when a child accidentally wets or soils himself, or is sick while on the premises. The same precautions will apply for nappy changing.

- staff to wear fresh aprons and disposable gloves while changing a child
- soiled nappies securely wrapped and disposed of in nappy bin
- changing area/ toilet to be left clean. Caretaking/ cleaning staff to be informed
- hot water and soap available to wash hands as soon as changing is done
- paper towels to be available to dry hands.

Facilities

Mereside Primary Academy has an area for changing young children which is situated in the Early Years Unit. There is a nappy bin for disposal.

Department of Health recommendations include:

1. mobile children are changed standing up
2. if this is not possible the next best alternative is to change a child on a purpose built changing bed (these are available as portable or fixed and can be lowered and raised safely)
3. children in KS1 may be changed on a mat on a suitable surface if it is not possible for them to change standing up or on a changing bed. Wee accidents can be changed in the bathroom, however soiled accidents must use changing areas.

Staff should consider the child's preference for changing and the outcome of any risk assessments. The dignity of the child should be respected at all times.

It can take up to ten minutes to change an individual child and this time should be a positive learning time and an opportunity to promote independence and self-worth. The Headteacher will need to ensure that, where necessary, TAs are allocated so that children's individual toileting needs are met.

Safeguarding

The normal process of assisting with personal care, such as changing a nappy should not raise child protection concerns if carried out with due care and appropriate checks. There are no regulations that state that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. CRB checks are carried out as part of a rigorous safer recruitment process which is carried out to ensure the safety of children with staff employed in schools and settings.

Section 18 in the Government guidance 'Safe Practice in Education' states that:

'staff should ensure that another appropriate adult is in the vicinity and is aware of the task to be undertaken.'

It is recommended that the adult who is going to change the child informs the teacher that they are going to do this.

If safeguarding concerns arise about a member of staff who is carrying out changing procedures, the school policy regarding staff and safeguarding should be followed. If safeguarding concerns about the young person arise (for instance marks on their body seen during changing) the FCAT Safeguarding Policy should be followed.

Should staff feel for whatever reason their concerns will not be addressed by senior managers then they should follow the procedures as outlined in the school's Whistleblowing Policy.

In the very small number of cases where parents do not co-operate or where there are concerns that

- the child is regularly coming to school/nursery in very wet or very soiled nappies and
- there is evidence of excessive soreness that is not being treated
- the parents are not seeking or following advice

There should be discussions with the school's child protection lead about the appropriate action to take to safeguard the welfare of the child.

Parent Partnership

Issues around toileting will be discussed at a meeting with the parents/carers prior to admission into the school. This meeting will also provide an opportunity to involve other agencies as appropriate, such as a Health Visitor or School Nurse. This helps to avoid misunderstandings and also helps parents/ carers feel confident that the school will meet their child's needs.

If there are a disproportionate number of children arriving at school who are not yet toilet trained the school SENDCO will make contact with the School Nursing Service to discuss the school's concerns.

Role of Parents/ Carers

School expects parents/carers to support them in providing the best possible care to the young person in the following ways, by:

- agreeing to change the child at the latest possible time before coming to school
- providing spare nappies, wet wipes and a change of clothes
- understanding and agreeing the procedures to be followed during changing at school
- agreeing to inform school should the child have any marks/rash
- agreeing how often the child should be routinely changed if the child is in school for the day
- agreeing to review the arrangements, in discussion with the school, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible.

Role/Expectations of Personal Assistant:

It is likely that most of the personal care will be undertaken by one or more of the teaching assistants whose role include:

- ensuring the care and welfare of all pupils' personal hygiene, including toileting, changing and feeding as required
- changing or assisting the child should they soil themselves or become wet
- attend reviews in discussion with parents/ carers, should this be necessary
- encourage the child's participation in toileting procedures wherever possible
- discuss and take the appropriate action to respect the cultural practices of the family
- be able to clarify school's procedures and exact management of a pupil's personal care through a personal care plan or toilet management programme
- should take care (both verbally and in terms of their body language) to ensure that the child is never made to feel as if they are being a nuisance
- reporting to the Principal, DSL or SENCO should the child be distressed or if marks/ rashes are seen whilst being changed

Under no circumstances will a parent be asked to come and change their child (unless the parents have expressed a preference for this) as this is a direct contravention of the Equalities Act, as is leaving a child soiled, which could be considered to be a form of abuse since it places the child at risk of significant harm.

Teacher Role

Teachers are responsible for facilitating, supporting and releasing teaching assistants to fulfil their role.

Student Role

A student on a 'placement' should not change a child without supervision.

Procedure for Provision of Personal Care in School:

1. A risk assessment will be undertaken to identify whether a pupil requires a personal care plan.
2. If there is a consistent 'no' in response to the questions on the risk assessment it may be deemed necessary to complete a Toilet Management Plan and then follow procedures 4, 5 and 6 as required.
3. If a personal care plan is required a pupil's intimate care arrangements are discussed with parents/carers and recorded on their personal care plan. The needs and wishes of both children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.
4. Parents must also sign the BGA Permission for Intimate Care form.
5. Teaching assistant and pupil must discuss and sign the BGA Intimate Care Agreement between child and personal assistant
6. A BGA Record of Intimate Care must be kept after each incident by designated support staff and these reported to parents/carers at the end of each day

Personal Care Plans

Personal Care Plans will include the following information :

- Who will change the child (to include more than one person to cover for absence etc)
- Where changing will take place
- What resources will be used and who will provide them
- How a nappy will be disposed of
- How other wet or soiled clothes will be dealt with
- What infection control measures are in place
- What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed
- How changing occasions will be recorded and if/ how this will be communicated to parents.

Should a child with complex continence needs be admitted, the child's medical practitioners will need to be closely involved and a separate, individual toilet-management plan *may* be required.

Any plans relating to personal care for a child, should be kept in the class provision file so it is accessible to all.

All staff should be aware of what to do should they be asked to undertake any element of personal care not agreed on the child's plan or within school procedures, or if they have any other concern relating to the child's welfare.

This should also be in relation to any concerns they may have about another professional or colleague.

Related School Policies include:

- Accessibility Policy
- Admissions Policy
- Child Protection Policy
- Health and Safety Policy
- First Aid/Medicines Policy
- Equalities Policy
- SEND/Inclusion Policy

Local Offer/Guidance

For advice regarding suitable changing beds, mats and other equipment/ resources the Advisory Teacher for the Physically Impaired should be contacted. Alternatively advice may be sought from the Occupational Therapy Team if physical adaptations to school are required to accommodate children with toileting and changing needs.

Supporting information for schools/parents:

PromoCon Website: <http://www.promocon.co.uk/aboutpromocon.shtml>

See the Contact a family website on www.cafamily.org.uk

See the Scope website on www.scope.org.uk

The Equality Act 2010 and UN Convention

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from physiotherapist / occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible staff involved in intimate care will not be involved

in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as they are able.

Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.

Wherever possible the child should be cared for by an adult of the same sex. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school, as no male staff are available.

The Protection of Children

Child Protection Procedures and Multi-Agency Protection procedures will be adhered to. If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

Staff who are expected to carry out duties in relation to the intimate care of pupils will be required to read this policy alongside school guidance relating to toileting and continence of pupils.

This Intimate Care Policy was evolved by consideration between staff and governors.

This policy will be reviewed June 2026.

Appendices

1. MPS Risk Assessment
2. MPS Personal Care Plan
3. MPS Toilet Management Plan
4. MPS Permission for school to provide intimate care
5. MPS Intimate Care Agreement between child and personal assistant
6. MPS Record of Intimate Care Intervention

7. Procedure for Changing a Nappy (child lying down)
8. Parent Guidelines from the Council for Disabled Children
9. Definition of Disability in Equality Act 2010 (which superseded Disability Discrimination Act)

Appendix 1
Risk Assessment

Child's Name:

Name of School:

Date of Risk Assessment:

	Yes/ No	Notes
1. Does weight/size/shape of pupil present a risk?		
2. Does communication present a risk?		
3. Does comprehension present a risk?		
4. Is there a history of child protection concerns?		
5. Are there any medical considerations? Including pain/discomfort?		
6. Has there ever been allegations made by the child or family?		
7. Does moving and handling present a risk?		
8. Does behaviour present a risk?		
9. Is staff capability a risk? (back injury / pregnancy)		
Are there any risks concerning individual capability (Pupil) General Fragility Fragile bones Head control Epilepsy Other		
Are there any environmental risks? Heat/ Cold		

If Yes to any of the above complete a detailed personal care plan.

Date:

Signed:Print Name.....

Appendix 2 Personal Care Plan

Child's Name:	Class:
DOB:	

Completed by:(member of staff)

Date of Plan: Date to review Plan:

Who will change the child?

How will the child be changed? e.g. standing up in a toilet cubicle, lying down on a mat on the floor

Who will provide the resources? e.g. wipes, nappies, disposable gloves

How will the changing occasions be recorded and if/ how this will be communicated to child's parent/ carer

Record of Intimate Care must be completed and signed by staff providing care for the child.

How will wet/ soiled clothes be dealt with?

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What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed

Agree a minimum number of changes

How will the child be encouraged to participate in the procedure?

Any other comments/ important information:
e.g. medical information

This plan has been discussed with me and I agree to change my child at the last possible moment before he/ she comes to school/nursery, provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate and where possible.

Signed:

Parent/Carer's Full Name:

Appendix 3 Toilet Management Plan

Child's Name:Class/Year Group:

Name of Support Staff Involved:

Date of Record:Review Date:

Area of Need	
Equipment required	
Location of suitable toilet facilities	
Support required	Frequency of support

Working towards Independence

Child will try to	Personal Assistant will	Target achieved (date)

Signed:Parents/ Carers

Signed:Member of Staff

Signed:Second Member of Staff

Signed:Child (if appropriate)

Appendix 4

Permission for school to provide intimate care

Child's Full Name	
Male/ Female	
Date of Birth	
Parent/ Carer's Full Name	
Address	

I understand that;

I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.

I will advise the principal of any medical complaint my child may have which affects issues of intimate care

Signed:

Full Name:

Relationship to Child:

Date:

Record of Intimate Care Intervention

Child's Name:Class/Year Group:

Name of Support Staff Involved:

Date	Time	Procedure	Staff Signature	Second Signature

Signed:Member of Staff

Signed:Second Member of Staff

Signed:Child (if appropriate)

Appendix 5

Procedure for Changing a Nappy (Child lying down)

1. Consider whether the child can be changed in a toilet cubicle (standing up)
2. Wash your hands
3. Assemble the equipment
4. Place the infant/ child upon the changing mat/ table
5. Put on gloves, apron (and mask if required)
6. Remove wet/ soiled nappy
7. Fold the nappy inwards to cover faecal material and place into designated covered bin
8. Used wipes and gloves are to be disposed of in a bin with a disposable liner
9. The bin should be emptied at least once a day and the liner replaced.
10. Once the child has been changed and returned safely to the, e.g. nursery area, clean the changing area with a detergent spray or soap and water
11. Hands should be washed thoroughly whether gloves have been used or not

Appendix 6

Personal care - the inclusion of children and young people who require personal care

The right to inclusion

If your child requires personal care as a result of a health condition or a disability, he or she has the same right to use services and take part in activities as other children and young people. The law says that your child should not be discriminated against or treated less favourably by services because of their health needs or disabilities. Services have to take 'reasonable steps' to make sure your child is included and if there is an element of risk involved, they may do this through a process of 'risk management'. This means that services have to assess risk, then either eliminate it or minimise it by making 'reasonable adjustments' to the activities or by arranging additional support for your child. Risk assessments should not be used as an excuse for excluding your child but should be used to find a way to safely include your child wherever possible. If there is no element of risk, the service needs to make changes or offer additional support in order to include your child.

What do we mean by personal care?

Some children and young people require help with going to the toilet or need changing on a regular basis because they cannot use the toilet. Some disabled girls will need help to manage during their periods. There may be other tasks that they will require that are personal or 'intimate'. We all have a different view of what we regard as personal or intimate, but it usually involves a part of the body that is not routinely shown to other people. There are some children and young people who require catheterisation, an 'irrigation' procedure through their bowel or regular enemas – these types of 'clinical procedures' are discussed in leaflet 'The inclusion of children and young people with complex health needs who require invasive clinical procedures'.

What are the reasons given to exclude children who require personal care?

"We don't have sufficient staff to take children to the toilet' – some services may state that they do not have enough staff to undertake tasks on a one-to-one basis, such as taking children and young people to the toilet or changing those who are not continent.

'The staff do not have changing nappies in their job descriptions' – this may be used as an excuse, but it should not be necessary to have this in a job description as there will be many things that staff do that are not specified in their job description but which form part of offering activities to a range of children and young people.

'There are safeguarding issues so we cannot take your child to the toilet or change them' – providers of services and activities should consider the issues of providing intimate care to any child or young person who uses a service, as they may need to provide this type of care to any of the children or young people if they become ill or

injure themselves. Guidelines for providing intimate care should be part of all safeguarding training and guidelines. Services always need to weigh up issues of dignity and privacy with using more than one staff member to provide intimate care.

‘All children who use this service have to be toilet trained’ – This type of decision is a ‘blanket rule’ rather than one based on getting to know your child or making an individual assessment of your child’s care and support needs.

The Disability Discrimination Acts place a duty on services not to discriminate or treat any child or young person less favourably for reasons relating to their impairment or disability, and on all services to take ‘reasonable’ steps to ensure the inclusion of all disabled children and young people. This means that your child cannot be excluded under a ‘blanket rule’. A service cannot state that they do not accept any children or young people who are not toilet trained as this will mean excluding a child or young person who is not toilet trained as a result of their impairment or health condition. The service has to make what are known as ‘reasonable adjustments’ – in other words, make changes or offer your child additional support – according to whatever is considered ‘reasonable’ in terms of the size and funding of the service.

All public authorities need to show, through their published Disability Equality Scheme, what steps they are taking to eliminate discrimination in their services. The document should show what your local authority, for example, is doing to make sure that discrimination on the basis of disability is being stopped. This document should include services which the local authority has contracted out to external service providers, such as voluntary organisations. This is because these external bodies are funded to provide opportunities and activities on behalf of the local authority and must therefore be part of the Disability Equality Scheme.

Personal care- good practice

The key to ensuring that children and young people who require personal care are included in services is to be clear about their right to be included and to be armed with examples where creative and flexible planning and a ‘can do’ attitude have enabled the practical issues to be dealt with.

There are a number of stages in the process of including children and young people who require personal care to ensure they are included with the appropriate support.

Passing on information about your child

Speaking to you as parents or to your son or daughter is the first stage in the process. As parents, you will hold most of the information regarding your child’s impairment or disability and the type of support they will need. Your son or daughter will also know what kind of support they will need in order to be included. It is vital that the staff know what words your child uses to refer to both their body and aids they may use. For example, most services use the word ‘pad’ rather than ‘nappy’ – it is important that if your child uses the word ‘nappy’, there is a common understanding about what is being referred to. As parents you will know your child well, and you may be able to suggest ways in which services or organisations can adapt their environments so as to include your child in a way that respects his or her dignity and privacy.

Risk management

Depending on the needs of your child, the service may carry out a formal risk assessment in order to meet their duties under health and safety laws and regulations. Risk management should be about finding ways of including children and young people – not a way of finding an excuse to exclude them. Both service providers and you as parents need to be aware that many risks can only be minimized to the safest possible level, rather than be eliminated completely.

The purpose of risk management is to ensure that staff make all activities and the environment as safe as possible, so that your child is not exposed to unacceptable risks and that he or she can take part in all activities. The service needs to establish a balance between safety (that is, minimizing risk) and the rights of your child to take part in activities. This will include providing intimate care in a way that safeguards your child's privacy. If your child requires catheterisation or other clinical tasks, please read the information on 'The inclusion of children and young people with complex health needs who require invasive clinical procedures'.

When the service carries out the risk assessment, they should draw on the specialist knowledge of other people who know and work with your child. They should also ask you, as parents, to help and, depending on your child's age and level of understanding, your child will also be asked to be involved.

All risk assessments should be written in a way that is easily understandable to all the staff who will be working with your child, and should not use jargon that is only understood by health and safety staff. All staff should have a basic level of training in risk management so that they can 'think safety'. This means that whatever the situation they find themselves in, they will feel confident in assessing it and identifying the potential risks.

Some children and young people who require personal care will have a health care plan, usually written for schools and early years settings. Once the risk assessment is completed, the organisation providing services or activities may like to talk to your child's school about their health care plan and to obtain ideas about how they can manage your child's personal care. The organisation may also find it helpful to contact one of the help lines: the ERIC helpline on 0845 370 8008 or the PromoCon helpline on 0161 834 2001.

Appendix 9

Definition of Disability in Equalities Act (which superseded Disability Discrimination Act)

The DDA provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his or her ability to carry out normal day-to-day activities. The effect must be substantial and long-term. It is clear that anyone with a named condition that affects aspects of personal development must not be discriminated against. However, children with global developmental delay,

which may not have been identified by the time they enter nursery or school could take longer to no longer need.

Education providers have an obligation to meet the needs of children with delayed personal development in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from normal preschool activities solely because of incontinence.

Any admissions practice that sets a blanket standard of continence, or any other aspect of development, for all children is discriminatory and therefore unlawful under the Act. All such issues have to be dealt with on an individual basis, and settings or schools are expected to make reasonable adjustments.

In addition excluding children from normal pre-school or school activities, including out of school trips by virtue of incontinence is classed as less favourable treatment under the DDA and would therefore be regarded as discriminatory.

Staff must never knowingly leaving a child in a wet or soiled nappy for prolonged periods of time places that child at risk of significant harm (through the increased risk of infections such as bladder infections) and may therefore be construed as child abuse.